

Purchase Order Change Request

Sonoma County Office of Education

Vendor Name _____

Purchase Order # _____

(attach copy of purchase order)

Increase/ Decrease Amt Current Amt. \$ _____ New Amt. \$ _____

Budget Code _____ Inc/Dec \$ _____

Budget Code _____ Inc/Dec \$ _____

Budget Code _____ Inc/Dec \$ _____

Budget Code _____ Inc/Dec \$ _____

Add or Change Budget Codes – Provide NEW codes and amounts

Budget Code _____ Amt. \$ _____

Budget Code _____ Amt. \$ _____

Budget Code _____ Amt. \$ _____

Budget Code _____ Amt. \$ _____

Reason for Change

Change in Unit Price

Incorrect Account Codes

Shipping and Handling Charges

Other (specify) _____

Submitted by _____ Dept. _____ Phone _____

Budget Manager _____

Date _____

For Business Services Only Posted by _____

Date Posted _____